SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL

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NOTES OF THE WEEK

Fees for Attendance on Flying School Personnel

The Naval and Military Committee of the B.M.A. has had under consideration the scale of fees hitherto payable under paragraph 4 of the contract for civilian medical practitioners attending regular and reserve personnel under training at civil flying schools. It was the opinion of the Committee that these fees were inadequate and compared unfavourably with the rates paid to practitioners employed on a sessional basis by other departments and by local authorities. Accordingly representations were made to the Air Ministry, and a scale of fees which the Committee thought reasonable and adequate was suggested. It is gratifying to be able to report that the Air Ministry has now accepted almost all the suggestions made by the Committee, the only exception being that in paragraph 4 (IV) the Ministry now pays a fee of 9s. 6d., not 10s. 6d. as the Committee had suggested. The new scale, which is a very considerable improvement upon the old one, is as follows:

Paragraph 4 (II).—*For attending a medical board:* 10s. 6d. per case or £1 1s. per session provided that not more than four cases are dealt with at one time.

Paragraph 4 (III).—*For a special medical examination after an accident:* 10s. 6d. for each such examination.

Paragraph 4 (IV).—*For the annual medical examination of officer and airman pilots:* 9s. 6d. for each case up to a maximum of £2 7s. 6d. for the first eight cases and 9s. 6d. for each case beyond eight per diem, together with a mileage allowance of 1s. a mile (in one direction) for each visit where the examination is carried out at a flying school not under one mile away.

Hospital Policy in the West Riding

The West Riding County Council has received the report of a deputation appointed jointly by several of its committees to visit a number of institutions for the purpose of obtaining information which would enable a hospital policy for the West Riding to be formulated. The deputation visited ten hospitals in this country and fourteen on the Continent. It recommended that, wherever possible, effective co-ordination between the local authority and the voluntary hospitals should be arranged, and that any new hospital should include departments for special treatments which were not already provided in other hospitals within a convenient distance. After studying various estimates of the optimum number of beds for an efficient and economic hospital unit, the deputation suggested that the margin beyond which real efficiency and economy were likely to decline was 1,200, but added that no hard-and-fast rule could be adopted, since efficient administration depended also upon the type of hospital constructed and the work undertaken. Without making any definite recommendation, the deputation pointed out the advantages of the association of medical schools with selected county hospitals, and suggested that the county council should keep the Universities of Leeds and of Sheffield informed of any proposals it adopted for the provision of new county hospitals. The report also discussed questions of construction, equipment, and costs. The deputation believed that its visits would enable the county council to incorporate methods in its hospital scheme which had proved valuable in actual experience, and to avoid measures which other hospitals had found to be unsuitable or unduly expensive.

Cancer Clinics in Kent

At a meeting of the Executive Council of the Kent Cancer Appeal Fund reference was made to the development of the county scheme of cancer clinics. The fund, which was inaugurated by an appeal published in the *Times* in 1933 over the signatures of the Archbishop of Canterbury, Lord Camden, and Major Astor, M.P., has enabled the council to equip four hospitals, at Tunbridge Wells, Rochester, Canterbury, and Maidstone respectively, with radium and equipment for deep *x*-ray therapy. Each hospital is open as a county clinic on one day in the week, and has the services of an honorary consultant of repute. An arrangement has now been made with the National Radium Commission whereby the Commission will recognize a Kent regional centre and will probably lend to it a small amount of radium, provided that the work of the hospitals concerned is co-ordinated by the appointment of a full-time radiotherapist, who can ensure that the supply of radium in the county is used to the best possible advantage. The salary of this officer will be paid by the Kent Cancer Appeal Fund for the first year, and thereafter by the Kent Branch of the British Empire Cancer Campaign.

Kensington Division and Poison Gas Defence

The Kensington Division of the British Medical Association has already taken steps to provide practitioners in the area with instruction in protective measures against poison gas attack and in the treatment of gas casualties. The honorary secretary has circulated all medical men in the area, stating that provided sufficient applications are received Dr. L. Haden Guest will conduct a course of lectures at the Great Western Royal Hotel, Paddington, on Monday afternoons at 3 p.m., beginning November 9th. The course, which will include both theoretical and practical instruction, will consist of six meetings, each of two hours' duration. The course is open to registered medical practitioners, whether or not they are members of the British Medical Association, and, in accordance with the wish of the Government, to certain dentists and veterinary surgeons. It will be remembered that the Air Raid Precautions Department of the Home Office recently issued a memorandum on medical instruction in defence against poison gas (*Journal*, October 17th, p. 776), in which were listed the names of the ten medical men selected to provide this instruction. Certain other Divisions in the London area hope to start courses immediately. Outside London similar arrangements are being made by Branch secretaries, except in a few areas where suitably qualified medical instructors are not yet available.

Facilitating Physical Training

A circular just issued to local authorities by the Board of Education authorizes them to provide, and charge to the Board's grant, clothing and footwear suitable for physical training lessons. This circular gives practical effect to one of the recommendations of the Association's Physical Education Committee, which pointed out the importance to efficient physical training in schools of facilities for enabling pupils to change into appropriate costume and to wear suitable shoes, and suggested that local education authorities should provide a stock of such clothing and of gymnastic shoes for the use of children who could not provide their own.

PROBLEMS IN PRACTICE

(These columns are devoted to matters of general interest on which individual members have sought the advice of the Head Office of the British Medical Association)

Defence Services—Payment of Tax on Gratuities

It appears that many practitioners employed in the defence services are under the erroneous impression that gratuities are subject to income tax. Gratuities are not taxable except in one instance—namely, where an officer who has served in the Navy for a period of five years accepts at the same time his gratuity of £1,000 and also a permanent commission. In these circumstances the gratuity is considered to be part of the officer's income, and is therefore subject to the tax.

Debt Collection

From complaints occasionally received from members of the British Medical Association it would seem that caution should be exercised in the choice of a debt-collecting agency. Members who are in doubt as to the reliability or efficiency of a particular agency are invited to consult the Medical Secretary, who will be glad to give any information possible.

Partners in Relation to Outside Persons

It is most important that every partner should know the law governing the relation of the partners in a firm to outside persons. For the purpose of the business of the partnership, every partner is an agent of the firm. Anything he does in the ordinary course of the firm's business binds the firm and the other partners. The only exception is a double one ; when he has, in fact, no authority to act for the firm in the particular matter in hand, and the person with whom he is dealing either knows that he has no authority or does not know or believe him to be a partner. Both conditions must be fulfilled.. Whether he has authority or not, he still binds the firm if the person with whom he is dealing thinks he has. If he has no authority or has acted outside the scope of his authority, the firm can, of course, claim compensation from him for the expense to which he has put them. If the third party knows or has reason to know that the partner has no authority the firm is not bound. Every partner is liable, jointly with the other partners, for all debts and obligations which the firm incurs while he is a partner. In Scotland the law is stricter, for each partner is severally liable—that is to say, he is responsible for the whole of the debts of the partnership and not only for his own share. After his death his estate is severally liable in England as well as in Scotland ; in England his own creditors have priority over partnership creditors, but in Scotland the partnership debts and his separate debts rank together.

The whole firm and every member severally is liable for any damage caused by the wrongful act or omission of any partner acting in the ordinary course of its business, or with its authority. A patient dissatisfied by the treatment of one partner can sue the whole firm, and if he succeeds each and every partner is liable for the damages and costs, and the property of any one can be taken in execution of the judgement. The partner against whom the negligence is proved must indemnify the firm, but he may not be in a position to do so. Moreover, even if the patient loses his case he may have no money to pay the firm's costs, which will then fall on all the partners, because the partner whose conduct is complained of has done no wrong and therefore cannot be called on to indemnify the firm. Even if the patient does pay the costs he does not reimburse the firm for the whole expense it has suffered, for a litigant, successful as well as unsuccessful, usually has to pay his own solicitors' costs. Hence the vital necessity for every member of a medical partnership—even more vital, if possible, than for a solitary practitioner—to belong to a defence society.

Any admission or representation made by any partner concerning the partnership affairs, and in the ordinary course of its business, is evidence against the firm. For this reason, if the conduct of any partner is being called in question by someone outside the partnership, the other partners should exercise the strictest discretion in speaking of the matter. A chance word spoken by any of them, even to a person who is not apparently interested, may have the most awkward consequences for them all. Innocent partners cannot be fined or imprisoned for the criminal conduct of one of their number, but if some person is injured by that conduct, and it is in the ordinary course of their business, he can bring a civil action against any or all of them.

PUBLIC HEALTH NOTES

ORGANIZATION OF PUBLIC HEALTH SERVICES

The organization of public health services, with particular reference to Wales, was the subject of a recent address by Professor R. M. F. Picken at the Welsh School of Social Service. Reviewing the development of local government with the separate evolution of the Poor Law services under the control of the guardians and the public health services in the hands of the sanitary district councils, reference was made to the more recent creation of the larger units of county councils and county borough councils. Professor Picken said that Poor Law medicine developed so remarkably that many hospitals maintained by the guardians were, in efficiency, comparable to the average large voluntary hospital. Gradually persons who did not come within the category of "destitute" availed themselves of the institutional treatment of the guardians, so much so that the guardians were dealing with many conditions for the same class of person who would benefit under the provisions made by the county and county borough councils. It was mainly with the object of bringing together these services of the county and county borough councils and of the guardians that the Local Government Act of 1929 was passed. By amalgamating institutional provision under one authority for each area the Act enlarged the area of administration of Poor Law in counties but reduced it in most county boroughs. For this reason it was arranged that institutions in county boroughs should continue to serve those districts of the administrative county formerly constituting a part of their union of parishes. The Act also gave powers to county councils for the first time to provide hospitals under the Public Health Acts as well as under the Poor Law Act, and to the Minister of Health to inspect the work of public health authorities and, in certain circumstances, to transfer the functions of the district council to the county council.

When the Ministry of Health was constituted in 1919 consultative committees were appointed to consider and make recommendations as to public health measures. A committee dealing with medical and allied services for Wales, reporting in 1919 and 1921, was "profoundly impressed by the complexity, the ineffectiveness, and, in many cases, the unsuitability of the present system of local government in matters pertaining to the health of the community," and concluded that the first requisite was a national supervising authority; the second, a reduction in the number of separate local authorities; and the third an effective scheme for correlating the preventive and curative services. It considered that a comprehensive scheme of medical services should be based on hospital centres round which regional services would revolve. Linked to these, and partly dependent on them, would be local health institutes, including clinic centres with some beds, hostels for nurses, and accommodation where the local medical profession could work in teams. Suggesting that there should be five such central institutes for the Principality to overcome the difficulty arising from the present division in the local government areas, a recommendation was made involving the creation of a Welsh National Council of Health with executive functions, acting through regional and local health committees, and formed, so far as possible, of members of the existing local health authorities or by combinations of them.

Professor Picken pointed out that this Welsh report did not stand alone. The same ideas as to the required type of organization were found in the report of the English consultative committee. Then in 1926 the Royal Commission on National Health Insurance advised that Insurance Committees should be abolished and their place taken by committees of the appropriate local authorities, an effect of which would be the bringing of local authorities into the field of general practitioner treatment. In 1930 was issued the "British Medical Association Proposals for a General Medical Service for the Nation," which contemplated extension of medical benefit, provision of medical treatment for dependants, the close association of general practitioners with hospitals, and the formation of local medical centres for the co-operative activities of practitioners. Reporting in July of this year the Committee on Scottish Health Services recommended the extension of medical benefit to dependants, the use of council clinics for the assistance of general practitioners, a regional scheme for hospitals, and the abolition of hospital and domiciliary medical care under the Poor Law.

Professor Picken expressed the opinion that an efficient organization of the modern public health services in Wales could not be provided unless the present groundwork of local government was modified, and, suggesting that re-examination of the public health problems in Wales be made by some body comparable to the Consultative Committee, he submitted the following programme as worthy of discussion in the meantime:

1. Integration of the environmental services of the districts with the preventive-curative services of the county councils—in fact, the creation of complete and all-embracing units of local administration comparable to county boroughs by the abolition of all independent county districts below a certain size, due regard being had to the interests of their officers.

2. Recognition that areas with a population of less than 75,000 or 100,000 are incapable of providing with real efficiency *any* of the modern medical services.

3. Hospital services and the prospective developments in medical provision to be regarded as regional problems.

4. The Welsh Board of Health to be given the duty of mapping out Wales for these purposes, and to be empowered to compel joint action whenever compulsion is necessary.

PUBLIC HEALTH MEDICAL SERVICE

The following changes have recently been made in the public health medical service staffs:

Dr. C. Barclay to be assistant M.O.H. for Fife.

Dr. Janet M. Done to be resident assistant medical officer at Greenbank Maternity Hospital, Darlington.

Dr. F. Hall to be M.O.H. for Lancashire.

Dr. E. H. Markby to be M.O.H. for Wimborne.

Dr. Schofield to be chief assistant medical officer for Lancashire.

Dr. W. A. M. Stewart has been appointed medical officer for the North-East Salop United District in place of Dr. A. E. White, who is to retire in December.

Dr. O. Watson to be assistant medical officer at the Townleys Hospital of the Bolton Public Assistance Committee.

RESIGNATIONS

Dr. J. J. Butterworth has retired on superannuation from the office of county M.O.H. for Lancashire.

Dr. Mary A. S. Deacon, assistant M.O.H. for Birkenhead, is shortly retiring after seventeen years' service.

Dr. J. Maclachlan has retired after serving for forty-one years as medical officer of the town and parish of Dornoch, Sutherland.

Dr. J. Thomson, assistant M.O.H. for Fife, has resigned his appointment in order to take up private practice.

THE INSURANCE MEDICAL SERVICE WEEK BY WEEK

Certification of Incapacity

It is a matter for congratulation that there has developed a better understanding between insurance practitioners and approved societies generally, with the result that complaints of improper certification appear so little in the reports of medical service subcommittees that they may almost be said to have disappeared altogether in most areas. This means that when a society has before it certificates which give rise to questionings it does not rush in with a formal complaint, but rather pursues the matter with an informal inquiry and a resultant appreciation by the practitioner, if he is at fault, of the fact that he has tripped over a regulation; he also notes the reminder for his future guidance. It is important, however, that there should be no false sense of security in the minds of those doctors, admittedly a small minority, who tend to be forgetful of plain rules and the significance of the familiar printed word. The rare occurrence recently of two reports dealing with certification in the minutes of a large insurance committee provides an opportunity of bringing to the notice of such practitioners the important part played by certificates of incapacity in the National Health Insurance scheme.

The facts of the two cases were as follows.

"(*a*) The insured person, who is employed as a waitress, was first seen by the practitioner on May 14th, 1936, on which date the practitioner furnished her with a first certificate written on Form Med. 40 (revised) in which he stated that the insured person was, in his opinion, incapacitated for work by reason of eczema of the face. Intermediate certificates (also on Form Med. 40) were issued by the practitioner on May 20th and 27th and June 2nd and 9th, 1936, in each of which the practitioner certified that he had examined the insured person on the dates stated in the certificates and had found her to be incapable of work. The certificates dated May 27th and June 2nd and 9th were, however, handed to the representative of the society at a town in South Wales, and on the matter being taken up by the society with their member it appeared that the certificates had been obtained from the practitioner and forwarded to the insured person in Wales, she having left for a period of rest at home about May 22nd, 1936.

"(*b*) The insured person, who is, we were informed, suffering from a gastric ulcer, is under treatment at a hospital. It is her practice to report to the practitioner every Friday for the purpose of obtaining a certificate. She was advised by the hospital authorities to go away for three weeks. This she did, and the practitioner on July 17th and 24th, 1936, issued certificates in which she stated that she had examined the insured person on those dates, whereas she had not done so."

The reports contain comment in substantially the same words in each case:

"It appears from her reply that the practitioner has failed altogether to appreciate the wording of the certificate or of her duties under the Medical Certification Rules. Rule No. 9 provides that a practitioner having issued a certificate under the rules shall not issue a further certificate without again examining the insured person. In other words, it is clearly intended that an examination of the patient must be made before the issue of each certificate. A medical certificate plays an important part in the machinery for the administration of sickness benefit, but a certificate is clearly valueless as evidence of an insured person's state of health at a particular date unless it states conclusions formed by the practitioner from observation of the insured person on that date as distinct from second-hand information obtained, for example, from the patient's friends, or conjectures based on previous examinations. For the convenience of all concerned in the administration of the Act, and of practitioners particularly, an arrangement has been made for printed forms (as approved by the Minister of Health) to be supplied to practitioners. The certificate contains a statement of fact—namely, that the person in respect of whom it is issued was examined on a particular date—but it would seem that this sometimes escapes the notice of practitioners, who, without perhaps realizing the significance of the printed words, append their signatures to a statement which is not true. If a practitioner certifies that he (or she) has made an examination of a patient on a particular date when in fact no such examination has taken place, the certificate is false and therefore misleading. We feel sure that such a statement would not be made if the practitioner had to write the certificate in its entirety with his (or her) own hand. We noted from the certificates that the practitioner had inserted therein an instruction to the insured person to see her (the practitioner) again on the following Friday. It seems to us that she knew that the insured person would be away on that date, which is a further indication to us of the carelessness shown by the practitioner in completing these certificates."

The practitioners in these two cases were cautioned as to the necessity for a strict observance of the certification rules, and a sum of £2 was in each case recommended to be withheld from their remuneration.

The Scottish Health Services

At a recent meeting of the Scottish Association of Insurance Committees there was presented for information, and in support of an address by Professor Cathcart, who had presided over the deliberations of the Departmental Committee on Scottish Health Services, a summary of the report of that Committee. The following extracts have a special interest for insurance practitioners, and it may be borne in mind that there are those who argue with reason that in any development of the National Health Insurance scheme in relation especially to the public health services Scotland might well prove to be the best unit of experiment before the country as a whole is committed.

The statutory provision for general medical attendance should be extended to include dependants of insured persons and, so far as practicable, others in similar economic circumstances, and all statutory provision for general medical attendance should be co-ordinated. This co-ordinated service should be based, so far as possible, on the family doctor, who should act as health adviser and in liaison between the homes of the people and the statutory health services. The basis of employment of the general practitioner should be, as in the National Health Insurance scheme at present, by contract for part-time services remunerated by capitation fees. The principle of free choice of doctor as in the National Health Insurance scheme should be preserved.

The evidence submitted to us from all quarters points to the success of the medical service under the National Health Insurance scheme. In various chapters we have made recommendations that affect this service. The broad effect of these is to endorse the principles on which it is based and to apply them, so far as possible, in meeting the urgent medical needs of other classes. Our proposals contemplate a co-ordinated and complete medical service in which the general practitioner, acting normally as family doctor, will act in liaison between the homes of the people and the facilities provided by statutory and other agencies. The co-ordination of the general practitioner services with the other medical services, in our view, will remedy one of the principal weaknesses of these services as they are organized at present; it seems to us to be essential also for the proper development of the health policy of the nation.

The contributory insurance system should be retained and extended to the provision for the dependants of the insured. On the basis stated, we estimate that the cost of extension of medical benefit to dependants would be £720,000 a year. This should be met by a contribution from employees (men 3d. and women 1d. a week) and by Exchequer contributions in the same proportion as for insured persons. These would produce a total sum of £800,000 and an excess balance therefore of £80,000. The greater part of this balance should be applied to the cost of the maternity service. When a voluntary scheme for purposes of contributory pensions is introduced for persons in the same economic circumstances as insured persons, such persons as become voluntary contributors should be required to contribute for medical benefit for themselves and their dependants. The whole should be regarded as one service.

The object of supervision of the general practitioners is to secure a high standard of service. There are wide fields, however, of individual judgement and skill in general medical practice that disciplinary action cannot enter and where attempts at minute control and supervision would be harmful. The quality of the services will depend on the quality of the entrants. If the principle of non-selective entry to the general practitioner service is to be retained, it will be necessary to take measures to raise the standard of entrants. The isolation of the insurance practitioner does not make for high standards

of service, and it is, in our view, one of the chief merits of our proposals for a co-ordinated extended medical service, that they will bring the practitioner into direct and frequent contact with the diagnostic centres, clinics, hospitals, and consultants at the disposal of the authorities. These contacts will be a powerful aid towards raising standards.

The Department should have on its staff a number of medical men with wide experience of general medical practice and qualities of tact and judgement, whose primary duty it should be to keep in touch with general practitioners to give them advice and help. The referee and second opinion work, which is done at present by the regional medical officers, should be closely linked with the diagnostic centres, clinics, hospitals, and consultants at the disposal of the local authorities. The existing disciplinary procedure is unnecessarily elaborate and cumbersome, involves the central department in too detailed responsibility for discipline, and places too great responsibility on medical men in small areas for judging their neighbours and colleagues.

Professor Cathcart, in the course of his address to the Conference, dealt with the extension of medical treatment to the dependants of the workers. The provision of such a service, he said, was essential, and if the State did not undertake it local authorities of big urban communities under pressure of need would develop systems of their own. Such a sporadic development would be lamentable.

In the Speech from the Throne, when the King opened the new session of Parliament on November 3rd, the following passage occurred: "My Ministers are examining the Report of the Committee on Scottish Health Services."

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

The seniorities of the following Surgeon Lieutenants have been antedated to the dates indicated in parentheses: M. G. Peever (July 12th, 1935), W. H. C. Watson and I. Whittington (July 24th, 1935), R. W. G. Lancashire (November 24th, 1935), J. T. Wellwood and B. M. O'Sullivan (January 24th, 1936), S. Miles (April 24th, 1936).

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant Commander D. R. Goodfellow to the *Courageous*.

J. L. M. Wood has entered as Probationary Surgeon Lieutenant.

Probationary Surgeon Sublieutenant L. Foster to the *Ramilies*.

ROYAL ARMY MEDICAL CORPS

Lieutenants M. H. P. Sayers, D. P. Stevenson, S. Brown, P. B. Hanbury, G. A. E. Harman, G. A. Weir, H. N. Perkins, J. D. Cruickshank, P. J. Geoghegan, W. N. J. Clarke, A. H. T. F. Fullerton, and T. D. M. Martin to be Captains.

ROYAL AIR FORCE MEDICAL SERVICE

Squadron Leader A. Harvey to the Directorate of Medical Services, Air Ministry, for staff duties.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Captain J. T. McOuat to be Major.

Lieutenant G. J. V. Crosby, from 5th Battalion, Leicester Regiment, to be Captain, with seniority July 24th, 1931.

INDIAN MEDICAL SERVICE

The services of the following officers have been placed permanently at the disposal of the Government of Bengal, as from the dates indicated in parentheses: Lieut.-Cols. E. H. V. Hodge (February 26th, 1934), P. F. Gow, D.S.O. (June 2nd, 1934), and J. C. De (December 7th, 1934).

Captains A. Rosenbloom and C. A. Bozman to be Majors.

The services of Captain F. A. B. Sheppard have been placed temporarily at the disposal of the Government of Madras as from September 3rd.

The services of Captain A. M. Sheridan have been placed temporarily at the disposal of the Government of the United Provinces as from September 5th.

Captain K. B. Gore has relinquished his temporary commission.

Lieutenant K. I. E. McLeod is seconded while holding a hospital appointment.

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W.C.1

Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).

MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).

EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent. London).

Telephone numbers of British Medical Association and British Medical Journal, Euston 2111 (internal exchange five lines).

B.M.A. SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

Irish Free State Medical Union (I.M.A. and B.M.A.): 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

Diary of Central Meetings

NOVEMBER

6	Fri.	Library Subcommittee, 2.30 p.m.
10	Tues.	Joint Subcommittee on Nursing Problems, 2.30 p.m.
11	Wed.	**Council**, 10 a.m.
17	Tues.	Consultants Board, 4 30 p.m.
19	Thurs.	Insurance Acts Committee, 11.30 a.m.
20	Fri.	*Journal* Board of Directors, 11.30 a.m.
20	Fri.	Contract Practice Subcommittee, 2.15 p.m.

THE ASSOCIATION AND PUBLIC HEALTH

The twenty members of the Public Health Committee, at the first meeting of the session on October 23rd, found awaiting them an agenda of forty-seven pages, containing sixty-three items of various business. The business, however, was adequately dealt with at a meeting lasting a little over two hours, though some items were postponed until the chairman of the committee (Professor R. M. Picken), re-elected at this meeting, could be present. In his absence Sir Henry Brackenbury presided.

One subject which engaged the committee's attention concerns a situation that has arisen in a certain borough where a medical man is a member of the town council. It turns upon the interpretation of Section 76 of the Local Government Act, 1933, with regard to participation in debate of a member who might be professionally or pecuniarily interested in the subject, the subject being in this case a diphtheria immunization scheme. The opinion of counsel had already been sought by the Association, and the committee approved a letter of advice from the Medical Secretary to the member in question, based on this opinion, and, so far as concerns questions subsequently raised, on the result of consultation with the Association's solicitors.

Duties of the Medical Officer of Health

A report was placed before the committee on the additional duties imposed upon medical officers of health. As a result of an inquiry it had been found that 179 authorities placed upon their medical officers of health the duty of examining their employees in connexion with the authorities' superannuation schemes, and only eighteen afforded additional remuneration for this purpose; forty-six required the examination of employees for the purpose of the Workmen's Compensation Act, only three giving additional remuneration; thirty-three expected the medical officer of health to do the work of a police surgeon, and additional remuneration attached to this work in seventeen cases; and 128 authorities imposed other additional duties, for which additional remuneration was provided only in ten cases. The committee was asked whether its feeling was that these additional duties should not be attached to the office of medical officer of health in any circumstances, or whether they might be attached, but in that event should carry additional salary. The general feeling was that, save in respect of certain relatively rare duties for which statutory authority might be cited, these duties were not properly attached to the office of medical officer of health.

and that if in individual circumstances it became absolutely necesary to attach them they should carry additional remuneration. It was resolved to communicate in this sense to the Ministry of Health.

An inquiry into abortion undertaken for other than medical reasons is projected by the Joint Council of Midwifery, with the concurrence of the Minister of Health, and the British Medical Association has been asked to send to that body any comments or suggestions. It was stated that the Joint Council was forming a committee to proceed with the inquiry. An assurance had been received that before the report of the inquiry was transmitted to the Ministry of Health or any publicity was given to it, it would be sent to the constituent bodies, including the Association Council, for their observations. It was agreed to ask Professor James Young if he would add his name to the list of the Association's representatives on the Joint Council.

A letter was considered from the Association of County Medical Officers of Health in England and Wales suggesting that direct representation on the Public Health Committee would be a desirable thing on both sides. County medical officers of health, however, are at present well represented on the committee, and it was felt that if at any time there was a lack of adequate representation of these important officers it could be made good.

Remuneration of Part-time Officers under the L.C.C.

The question of the agreement with the London County Council as to the remuneration of its officers who are employed part-time in school medical and maternity and child welfare work again came forward. It was agreed to ask the opinion of the Metropolitan Counties Branch whether it was desired to raise the question, and if so in what form.

The resolution of the last Annual Representative Meeting deprecating the increasing tendency for the employment by municipal authorities of part-time and salaried medical officers not engaged in private practice for the performance of clinical work which came within the private practice sphere was considered by the committee as to the action which should be taken, and it was agreed to approach the Minister on this matter.

A copy of the circular sent to Divisions and Branches on the subject of the Midwives Act, containing advice as to local procedure in connexion with the proposals to be formulated by the local supervising authority, was before the committee.

The committee reappointed its subcommittees concerned with questions of maternity and child welfare, of public assistance medical officers, and of superannuation, and also its representatives on the standing conference with the Society of Medical Officers of Health. Representatives were appointed to a joint subcommittee with the Medico-Political Committee to consider a communication from the College of Nursing on certain important matters affecting the nursing profession.

Mental Health Services

A series of matters concerning mental health services were considered. There were first of all the resolutions previously passed arising out of the conference between representatives of the British Medical Association and the Royal Medico-Psychological Association, with some later developments, including the suggested formation of a special group in the Association. Then there was a resolution from the National Council of Women urging an investigation of the need for provision in municipal hospitals for in-patient treatment of early and mild cases of nervous and mental disorder. The setting up of what is called the Feversham Committee on the Voluntary Mental Health Services, presided over by the Earl of Feversham, the purpose of which is to co-ordinate the activities of the various voluntary organizations rendering such services, was also noted.

The claim of a mental hospital medical officer to a refund of superannuation contributions came before the committee. This officer had served for fifteen years as junior assistant at a mental hospital, and had then taken a post as assistant medical officer in another authority. Both positions were subject to the provisions of the Asylum Officers Superannuation Act. After three years he resigned on the ground of ill-health, and the second authority returned his contributions for the period of his service with it, but intimated that it was unable to return those made during his service with the first authority, which authority had already advised him that it would be necessary to apply to the second for the return of his contributions. The question of legal action rests in other quarters, but the Public Health Committee gave its opinion that the principle at stake in the case was of great importance to the profession.

The Maternity Services (Scotland) Bill was before the committee. It was pointed out that the Bill itself said nothing about a whole-time service of doctors for maternity cases, but required every local authority to make arrangements for the provision of facilities for medical examination and treatment during pregnancy, medical supervision during the lying-in period, and post-natal examination, also for the services of obstetricians for consultant purposes. It was thought that it might be possible to introduce amendments into the Bill making it imperative upon local authorities to arrange for the provision of the services by the family doctor, and instructions were given to seek such amendments.

The important House of Lords decision in the case of the Lindsey County Council *v.* Marshall, concerning puerperal infection in a maternity home (reported in the *British Medical Journal* of July 25th, p. 200), was considered by the committee as likely to have repercussions on hospitals in general. It was mentioned that the Hospitals Committee had already appointed representatives to discuss the position with the British Hospitals Association, the County Councils Association, and the Association of Municipal Corporations, and the name of Dr. G. F. Buchan was added on behalf of the Public Health Committee to the list of B.M.A. representatives for this purpose. It was also stated that the matter was being discussed at length by the Society of Medical Officers of Health, and that the results of such discussion might be available for the committee at its next meeting.

THE ASSOCIATION OVER-SEAS

The matters brought to the attention of the Dominions Committee of the Association at the first meeting of its session on October 15th ranged as usual from China, if not exactly to Peru, at all events to British Honduras. This Committee, which surveys the whole Empire and beyond it, has been presided over for ten years by a Middlesex general practitioner, Dr. William Paterson, who was recalled unanimously to the chair on this occasion. Dr. J. L. Gilks, the representative of the Branches in East, West, and Northern Africa, was elected deputy chairman. The first item on the agenda was the reception of the report of the Conference of Oversea Members held at Oxford. This Conference has become an increasingly important feature of the Annual Meeting, and an endeavour is to be made at Belfast to secure more time for it.

The Colonial Medical Service

Several matters connected with the Colonial Medical Service were discussed. One of these related to the general principles governing promotion, a recent appointment to a senior post having given rise to some disquiet in the Service, not on the ground of any personal objection to the officer appointed, but by reason of the fact that his continuous service in the Colonial Medical Service immediately prior to his promotion had been very short. The reply of the Colonial Office to the effect that there was no justification for disquiet and that it was the duty of the Secretary of State to select the candidate whose appointment he judged to be, in all the circumstances, in the best interests of the public service, was not considered to be a satisfactory explanation, in view of the number of officers who might have been regarded as candi-

dates for the post. The Committee therefore decided to ask the Council to authorize a protest to the Secretary of State for the Colonies, and it nominated certain members to form a deputation to discuss this and other matters with him.

The Committee discussed a suggestion made at the recent conference for the extension of the system of short service appointments. This system already exists in a number of areas, and it appeared to the Committee that it might be to the advantage of the Service as a whole if a man who, after serving a few years, found the life uncongenial or unsuitable, could resign his appointment and receive a prescribed gratuity. It therefore requested the office to obtain information on the short service schemes already in operation.

Another suggestion affecting appointments in the Colonial Medical Service was made by the chairman of a home Division, to the effect that practitioners who entered the Colonial Medical Service after having held a resident hospital appointment should be allowed to count their service from the time they began their hospital work, thus ante-dating the appointment in the same manner as is already permitted in the medical branches of the defence forces and the I.M.S. Under the present arrangements, although preference is given to applicants with hospital experience, entrants who have been recently qualified are sometimes appointed to posts in the Colonies without having had the benefit of a resident hospital appointment. It was also suggested that permission to ante-date appointments would be an incentive to practitioners with higher qualifications. The Committee therefore decided to submit the proposal to the Colonial Office.

Medical Services in Africa

Further consideration was given to the new terms of service for European medical officers in West Africa, and especially to a letter from the Colonial Office relating to the position of officers promoted to higher rank. The letter has been submitted for comment to the officers in West Africa, who have already addressed a memorial direct to the Secretary of State for the Colonies. Further steps will be considered when the reply to this memorial is received.

New regulations have also recently been issued for the Sudan Medical Service. These include a requirement that all candidates must be medically examined by the Sudan Government's medical representative in London before appointment, and that a further examination must be made in the Sudan before the officer is accepted into the permanent pensionable cadre. It was felt that this might inflict hardship in some instances if a man passed the first examination and was rejected at the second. It was decided to ask the Director of the Sudan Medical Service for his observations on this point, and also to ascertain the length of service that was required from an officer before he was accepted on the permanent staff.

Economy Measures

The Committee is considerably concerned at the continuance of deductions from salaries and suspension of special allowances for the purpose of reducing expenditure, for it feels that the time has come for the cessation of a measure which was originally intended to be only temporary during a period of acute economic depression. Many colonial Governments appear to have made no serious attempt to restore the full salaries and allowances of officers in their employment, and several individual Branches have asked for the assistance of Headquarters. The Committee believes that the question should be dealt with as a general one, and it therefore proposes to discuss the whole matter with the Secretary of State.

Encroachments on Private Practice in Hong Kong

The Committee examined a document from the Hong Kong and China Branch dealing with encroachments on private practice in Hong Kong. One member of the Committee who was familiar with the position said that European medical practitioners were being gradually ousted by the Government medical services. All officials were being urged to claim treatment under the latter auspices, and other private patients found their way into Government hospitals and clinics at a reduced fee. The result was that young men in practice were retiring and coming home, while older men had had to submit to an enormous reduction of their incomes, and had seen the value of their practices reduced to one-third or one-fourth. It will be remembered that in 1927 the Committee's intervention resulted in a promise from the Hong Kong Government that, in order to avoid unfair competition with private practitioners, patients in Government hospitals who could afford to pay would be charged fees for medical services in addition to the charge for the bed or room occupied. As recent events seem to show that this promise is being evaded, the Committee decided to draw the attention of the Secretary of State to the position.

Tonga Medical Service

A medical practitioner who has just vacated the post of medical officer in the Tonga Islands has reported to the Association the deplorable conditions that exist in those islands for the administration of the medical services, and he has asked whether any action can be taken which would result in an improvement in the terms of service offered to medical practitioners and in the conditions under which they are expected to work. The views of the New Zealand Branch on the question are being obtained, and the service is to be discussed with the Secretary of State.

A Matter of Precedence

Among the many other matters affecting pay and pension to which the Committee had to give its attention was one which brought in considerations of a different order—namely, of precedence. It came forward at the instance of the Zanzibar and the Kenya Branches, which pointed out that in the tables of precedence recently issued by their respective Governments the Director of Medical Services was placed below officers with shorter service and with less responsibility. After some discussion of the effect of the tables on the status of medical officers, it was decided that the tables of precedence, particularly as they relate to the Colonies, should be studied, in the hope that the Committee may be able to make some representations on the subject at its next meeting.

Several items on the agenda concerned individual medical practitioners in various parts of the world. A member of the Colonial Medical Service, for instance, asked for advice on his right to use, for the purpose of a thesis, his observations of cases examined by him as part of his routine work. Another medical officer raised a question relating to the tenancy during his absence on leave of the house allotted to him by the Government. The Egyptian Branch submitted the case of a Government medical officer whose salary scale had been reduced in consequence of an alteration in the Government's by-laws and regulations. In each case suitable advice was given or, where necessary, instructions were given for the matter to be taken up with the appropriate authority.

Branch and Division Meetings to be Held

BATH, BRISTOL, AND SOMERSET BRANCH: EAST SOMERSET DIVISION.—At Small Hall, Market Place, Wells, Friday, November 13th, 7 p.m. Professor F. R. Fraser: "The Thyrotoxic Heart." 8.15 p.m., Dinner at Swan Hotel, Wells.

EAST YORKSHIRE BRANCH.—At Powolny's Restaurant, King Edward Street, Hull, Monday, November 9th, 8.30 p.m. B.M.A. Supper-dance.

ESSEX BRANCH: SOUTH ESSEX DIVISION.—At Queen's Hotel, Westcliff-on-Sea, Tuesday, November 10th, 8.45 p.m. Judge H. Beasley: "Concerning Many Things Relating to the Medical and Legal Professions."

GLOUCESTERSHIRE BRANCH.—At Cheltenham General Hospital, Thursday, November 12th, 6 p.m. Dr. David Clow and Dr. J. Middleton Martin: Report on Annual Representative Meeting at Oxford. Followed by supper at Queen's Hotel.

KENT BRANCH: TUNBRIDGE WELLS DIVISION.—At Kent and Sussex Hospital, Tunbridge Wells, Tuesday, November 10th, 8.30 p.m.

Dr. Claude Wilson will show "The Harvey Film" arranged for the Royal College of Physicians of London by Sir Henry Dale and Sir Thomas Lewis on the occasion of the 300th anniversary of the publication of Harvey's book.

LANCASHIRE AND CHESHIRE BRANCH: BURNLEY DIVISION.—At Thorn Hotel, Burnley, Monday, November 9th, 8.45 p.m. Discussion on the Midwives Act, 1936.

LANCASHIRE AND CHESHIRE BRANCH: ROCHDALE DIVISION.—At Rochdale Infirmary, Friday, November 13th, 8.30 p.m. Dr. H. T. Ashby (Manchester): Some Common Disorders of Childhood.

LINCOLNSHIRE BRANCH: KESTEVEN DIVISION.—At 15, St. Peter's Hill, Grantham, Tuesday, November 10th. 2.45 p.m., Special meeting to consider the Midwives Act, 1936; 3.15 p.m., Sir William Willcox: "The Production of Immunity in Acute Illness."

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—At Metropolitan Hospital, Kingsland Road, E., Friday, November 13th, 4.30 p.m. Mr. K. J. Acton Davis: Clinical cases.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—At Hampstead General Hospital, Thursday, November 12th, 8.15 p.m. Dr. Macdonald Critchley: "Peter Kurten, the Düsseldorf Mass-Murderer."

METROPOLITAN COUNTIES BRANCH: HENDON DIVISION.—At Hendon Cottage Hospital, Tuesday, November 10th. Mr. Norman Lake: "Hallux Valgus."

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION.—At Woodford Jubilee Hospital, Woodford Green, Tuesday, November 10th, 9.15 p.m. Dr. A. T. W. Powell and Dr. A. W. Forrest: "The Midwives Act."

METROPOLITAN COUNTIES BRANCH: TOWER HAMLETS DIVISION.—At Hayfield Restaurant, Mile End Road, E., Wednesday, November 18th, 9 p.m. Supper, followed by film "Modern Treatment of Fractures."

METROPOLITAN COUNTIES BRANCH: WOOLWICH DIVISION.—At Woolwich War Memorial Hospital, Friday, November 6th, 8.45 p.m. Mr. A. Lawrence Abel: "Surgery of the Sympathetic Nervous System."

NORFOLK BRANCH: NORWICH DIVISION.—At Norfolk and Norwich Hospital, Tuesday, November 10th, 3.30 p.m. Demonstration of gynaecological cases by members of the hospital staff.

NORTH OF ENGLAND BRANCH: BLYTH DIVISION.—At Thomas Knight Memorial Hospital, Blyth, Friday, November 13th, 8 p.m. Dr. H. D. MacPhail (Newcastle-upon-Tyne): "Minor Mental Conditions in General Practice." Members of the Morpeth Division are invited to attend.

NORTH OF ENGLAND BRANCH: NEWCASTLE-UPON-TYNE DIVISION.—At 7, Windsor Terrace, Newcastle-upon-Tyne, Tuesday, November 10th. 8.30 p.m., Election of chairman and vice-chairman for 1936–7; 8.45 p.m., Dr. James Mennell: "Physiotherapy."

NORTHERN COUNTIES OF SCOTLAND BRANCH.—At Palace Hotel, Inverness, Friday, November 20th, 6.30 p.m. Annual Lecture by Dr. Douglas K. Adams (Glasgow): "Recent Advances in Practical Therapeutics." 7.45 p.m., Annual dinner.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SWANSEA DIVISION. Thursday, November 12th. Dr. Urban Marks: "Air Raids and the General Practitioner."

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—At Queen's Hotel, Southsea, Thursday, November 12th. 9 p.m., Supper. 9.30 p.m., Mr. George Perkins: "Foot Problems."

SOUTHERN BRANCH: WINCHESTER DIVISION.—At Royal Hotel, Winchester, Wednesday, November 11th, 7.30 p.m. Annual dinner. Address by Mr. Eardley Holland: "Birth Injuries during Labour."

STAFFORDSHIRE BRANCH: WALSALL AND LICHFIELD DIVISION.—At Stork Hotel, Friday, November 13th, 8.15 p.m. Dr. J. F. Brailsford (Birmingham): "Radiographic Examination of the Obscure Abdomen."

SUFFOLK BRANCH: WEST SUFFOLK DIVISION.—At Angel Hotel, Bury St. Edmunds, Saturday, November 14th, 8 p.m. Armistice dinner. At West Suffolk General Hospital, Bury St. Edmunds, Sunday, November 15th, 11 a.m. Medical clinic.

SURREY BRANCH: CROYDON DIVISION.—At Croydon General Hospital, Tuesday, November 10th, 8.30 p.m. Mr. Lionel E. C. Norbury: "Some Recent Advances in the Surgery of the Colon and Rectum."

SURREY BRANCH: KINGSTON-ON-THAMES DIVISION.—At Wesleyan Hall, High Street, New Malden, Monday, November 9th, 8.30 p.m. Lecture on Air Raid and Anti-gas Precautions. At Kingston Hospital, Tuesday, November 10th, 8.30 p.m. Mr. C. P. G. Wakeley: "Treatment of Thyrotoxicosis."

SURREY BRANCH: REIGATE DIVISION.—At East Surrey Hospital, Redhill, Tuesday, November 10th, 4 p.m. Clinical meeting.

SURREY BRANCH: RICHMOND DIVISION.—Friday, November 13th, 9 p.m. Film: "The Science and Art of Obstetrics."

WILTSHIRE BRANCH: SWINDON DIVISION.—Friday, November 13th. B.M.A. Dinner.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—At the University, Western Bank, Sheffield, Tuesday, November 10th, 8.30 p.m. Film dealing with production of antitoxins, prophylactics, and vaccine lymph.

YORKSHIRE BRANCH: WAKEFIELD, PONTEFRACT, AND CASTLEFORD DIVISION.—At West Riding Mental Hospital, Wakefield, Sunday, November 8th, 3.30 p.m. Clinical meeting arranged by Dr. C. J. Thomas.

B.M.A. Charities Trust Fund

The following subscriptions and donations were received by the B.M.A. Charities Trust Fund during the period January 1st to September 30th, 1936, for allocation to medical charities at the discretion of the Trustees of the Fund (the Council of the Association).

£100.—Derbyshire Panel Committee.

£63.—Brighton Division (proceeds of dance).

£50.—Cardiff Division (proceeds of dinner and dance).

£20.—Eastbourne Division (proceeds of annual dance).

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DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.—*Tues.*, 5 p.m., Fitzpatrick Lecture by Dr. J. D. Rolleston: The History of the Acute Exanthemata. *Thurs.*, 5 p.m., Mitchell Lecture by Dr. R. R. Trail: Recent Aids to the Prognosis of Pulmonary Tuberculosis.

ROYAL SOCIETY OF MEDICINE

Sections of Therapeutics and Pharmacology, and Urology.—Tues., 5 p.m. Special Discussion: Urinary Antiseptics (including Sodium and Ammonium Mandelate). Openers, Dr. M. L. Rosenheim, Dr. W. W. Payne (with Dr. A. G. Signy), Mr. E. W. Riches, Mr. A. W. Cubitt, Mr. Clifford Morson, and others.

Section of Psychiatry.—Tues., 8.30 p.m. Presidential Address by Dr. T. A. Ross: Medicine and Science.

Clinical Section.—Fri., 5.30 p.m. (Cases at 4.30 p.m.) Cases by Dr. E. A. Cockayne, Dr. M. B. Ray, and Mr. D. C. L. Fitzwilliams. Other cases will be shown.

Section of Ophthalmology.—Fri., 8.30 p.m. (Cases at 8 p.m.) Papers by Mr. A. Ballantyne and Mr. J. Minton. Short Communication by Dr. Frances Richman (New York): Haemorrhages in the Fundi of the Newborn. Case by Mr. T. M. Tyrell.

BIOCHEMICAL SOCIETY.—At Physiology Institute, University College of South Wales and Monmouthshire, Newport Road, Cardiff. *Fri.*, 5 p.m. Communications and Demonstrations.

BRITISH RED CROSS SOCIETY, 9, Chesham Street, S.W.—*Fri.*, 5 p.m. Lecture on Air Raid Precautions.

HARVEIAN SOCIETY OF LONDON.—At Hospital for Sick Children, Great Ormond Street, W.C., *Fri.*, 8.30 p.m. Clinical Meeting.

LONDON JEWISH HOSPITAL MEDICAL SOCIETY, London Jewish Hospital, Stepney Green, E.—*Thurs.*, 3.30 p.m. Cases. Short Paper by Dr. J. L. Jona: Physiological Investigation and Indications for Treatment of Obscure Kidney Pain.

MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY, 11, Chandos Street, W.—*Thurs.*, 8.30 p.m. Symposium on Mental Health in Childhood and Adolescence: (1) Dr. Joyce Partridge, Management of Early Infancy.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—*Mon.*, 8.30 p.m. Discussion: Aetiology and Treatment of Impacted Wisdom Tooth. To be introduced by Mr. C. Bowdler Henry.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Royal Northern Hospital, Holloway Road, N.—*Fri.*, 9.15 p.m. Clinical Evening.

PADDINGTON MEDICAL SOCIETY.—At Great Western Royal Hotel, Paddington, W., *Tues.*, 9 p.m. Dr. Pearse Williams: Some Common Difficulties of Infant Feeding during the First Year.

ROYAL INSTITUTE OF PUBLIC HEALTH AND INSTITUTE OF HYGIENE.—At 28, Portland Place, W., *Wed.*, 3.30 p.m. Dr. Alan Moncrieff: Children's Health in Winter.

SOUTH-WEST LONDON MEDICAL SOCIETY, Bolingbroke Hospital, Wandsworth Common, S.W.—*Wed.*, 9 p.m. Mr. A. S. Blundell Bankart: Fractures of the Neck of the Femur.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Miller General Hospital, Greenwich, S.E.—*Fri.*, 8.45 p.m. Mr. C. Hope Carlton: The Part which can be Played by Rectal Examination in the Diagnosis of Surgical Conditions.

POST-GRADUATE NEWS

Dr. H. C. Cameron will read a paper on November 11th before the South-West London Post-Graduate Association on "Some Gastro-intestinal Disorders of Infancy and Their Treatment." On November 18th Mr. W. C. Gissane will discuss "Traumatic Surgery"; on November 25th Mr. V. Zachary Cope will give a demonstration of surgical cases; on December 2nd Major H. N. Stafford will discuss the role of the general practitioner in the air raid precaution scheme; and on December 9th Dr. C. E. Lakin will demonstrate cases. The meetings are held at St. James Hospital, Ouseley Road, Balham, S.W., at 4 p.m., except the meeting on December 2nd, which is at 3 p.m.

The Fellowship of Medicine announces the following courses: venereal diseases at London Lock Hospital, November 23rd to December 19th; proctology at St. Mark's Hospital, November 30th to December 4th; thoracic surgery at Brompton Hospital, December 7th to 12th; dermatology at Blackfriars Skin Hospital, December 7th to 19th; general surgery at Princess Beatrice Hospital, November 14th and 15th; infants' diseases at Infants Hospital, November 21st and 22nd; chest diseases at Brompton Hospital, November 28th and 29th. Courses suitable for M.R.C.P. candidates: clinical and pathological course at National Temperance Hospital on Tuesdays and Thursdays, at 8 p.m., from November 24th to December 10th; chest diseases at Brompton Hospital, twice weekly, at 5 p.m., from December 9th to January 8th (excluding Christmas week); chest and heart diseases at City of London Hospital, Victoria Park, E., twice weekly, at 6 p.m., from December 7th to January 8th (excluding Christmas week). A course of lectures on endocrinology, suitable for M.R.C.P. candidates, will be given at the National Temperance Hospital from November 23rd to December 16th at 8.30 p.m.; the first lecture will be given by Sir Walter Langdon-Brown on Monday, November 23rd, and will deal with the integration of the endocrine system. Syllabuses of all courses can be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.

November 19th is the latest date of entry for the post-graduate course in diseases of children to be held at the Infants Hospital, Vincent Square, S.W., on November 21st and 22nd. The names of those wishing to attend should be sent with the fee (£1 11s. 6d.) in advance to the Fellowship of Medicine, 1, Wimpole Street, W. The course is open only to members and associates of the Fellowship.

WEEKLY POST-GRADUATE DIARY

British Post-Graduate Medical School, Ducane Road, W.—*Daily*, 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics or Operations, Obstetrical and Gynaecological Clinics or Operations. *Mon.*, 2.15 p.m., Dr. Duncan White, Radiological Demonstration. *Tues.*, 2 p.m., Prof. Kettle, Pathological Demonstration; 4.30 p.m., Dr. H. Yellowlees, Psychological Medicine. *Wed.*, 12 noon, Clinical and Pathological Conference (Medical); 2.30 p.m., Clinical and Pathological Conference (Surgical); 4.30 p.m., Prof. S. P. Bedson, Virus Diseases. *Thurs.*, 2.15 p.m., Operative Obstetrics; 3.30 p.m., Mr. Eardley Holland, Haemorrhage of Late Pregnancy. *Fri.*, 2.15 p.m., Department of Gynaecology, Pathological Demonstration; 2.30 p.m., Prof. John Fraser, Acute Surgical Infections of Bone.

Fellowship of Medicine and Post-Graduate Medical Association, 1, Wimpole Street, W.—*St. John's Hospital*, 5, Lisle Street, W.C.: Afternoon Course in Dermatology. *St. Peter's Hospital*, Henrietta Street, W.C.: All-day Course in Urology. *Royal Waterloo Hospital*, Waterloo Road, S.E.: All-day Course in Medicine, Surgery, and Gynaecology. *Princess Beatrice Hospital*, Richmond Road, S.W.: Sat. and Sun., Course in General Surgery.

Central London Throat, Nose and Ear Hospital, Gray's Inn Road, W.C.—*Fri.*, 4 p.m., Mr. N. Asherson, Treatment of Chronic Otorrhoea.

Hampstead General and North-West London Hospital.—*Wed.*, 4 p.m., Mr. W. H. Ogilvie, Surgical Diagnosis.

Hospital for Sick Children, Great Ormond Street, W.C.—*Wed.*, 2 p.m., Clinical Lecture, Dr. Wilfrid Sheldon, The Premature Infant. 3 p.m., Clinico-Pathological Lecture, Dr. W. W. Payne, Metabolism of Endogenous and Exogenous Rickets. Out-patient Clinics, mornings, 10 a.m. to 12 noon. Ward Visits, afternoons, 2 p.m. to 3.30 p.m.

Institute of Medical Psychology, Malet Place, W.C.: *Mon.*, 3 p.m., Prof. M. Culpin, Sex Aberrations; 4.30 p.m., Dr. H. V. Dicks, Delinquency and its Psychological Treatment; 5.45 p.m., Dr. J. A. Hadfield, General Discussion and Questions on Psychotherapeutic Theory and Method. *Tues.*, 5.45 p.m., Dr. Maria Montessori, Principles and Practice in Child Training. *Wed.*, 6 p.m., Dr. Emanuel Miller, Contemporary Schools of Psychopathology; 7 p.m., Discussion.

London School of Dermatology, 5, Lisle Street, W.C.—*Tues.*, 5 p.m., Dr. H. MacCormac, Malignant Growths of the Skin. *Wed.*, 5 p.m., Dr. I. Muende, Histopathology of Chronic Granulomata. *Thurs.*, 5 p.m., Dr. Hugh Gordon, Cutaneous Affections due to Sunlight.

National Hospital, Queen Square, W.C.—*Mon.* to *Fri.*, 2 p.m., Out-patient Clinics. *Mon.*, 3.30 p.m., Mr. Leslie Paton, Optic Atrophy. *Tues.*, 3.30 p.m., Dr. M. Critchley, Aphasia, Apraxia, etc. *Wed.*, 3.30 p.m., Dr. S. A. Kinnier Wilson, Clinical Demonstration. *Thurs.*, 3.30 p.m., Dr. J. Purdon Martin, The Cranial Nerves. *Fri.*, 3.30 p.m., Dr. Bernard Hart, Psychopathology.

St. John Clinic and Institute of Physical Medicine, Ranelagh Road, S.W.—*Fri.*, 4.30 p.m., Mr. A. G. Timbrell Fisher, Pathology of the Rheumatic Diseases.

South-West London Post-Graduate Association, St. James Hospital, Ouseley Road, S.W.—*Wed.*, 4 p.m., Dr. H. C. Cameron, Some Gastro-intestinal Disorders of Infancy and their Treatment.

University College, Gower Street, W.C.—*Mon.*, 5 p.m., Dr. R. J. Lythgoe, Physiology of Vision.

West London Hospital Post-Graduate College, Hammersmith, W.—*Daily*, 2 p.m., Operations, Medical and Surgical Clinics. *Mon.*, 10 a.m., Skin Clinic; 11 a.m., Surgical Wards; 2 p.m., Surgical and Gynaecological Wards, Eye and Gynaecological Clinics. *Tues.*, 10 a.m., Medical Wards; 11 a.m., Surgical Wards; 2 p.m., Throat Clinic. *Wed.*, 10 a.m., Children's Ward and Clinic; 11 a.m., Medical Wards; 2 p.m., Eye Clinic, Gynaecological Operations. *Thurs.*, 10 a.m., Neurological and Gynaecological Clinics; 12 noon, Fracture Clinic; 2 p.m., Eye and Genito-Urinary Clinics; 4 p.m., Venereal Diseases. *Fri.*, 10 a.m., Medical Wards and Skin Clinic; 12 noon, Lecture on Treatment; 2 p.m., Throat Clinic; 4.15 p.m., Dr. Hugh Gordon, Treatment of Skin Diseases. *Sat.*, 10 a.m., Children's and Surgical Clinics; 11 a.m., Medical Wards. The lectures at 4.15 p.m. are open to all medical practitioners without fee.

Glasgow Post-Graduate Medical Association.—At Royal Infirmary: *Wed.*, 4.15 p.m., Dr. A. Muir Crawford, Clinical Manifestations of Oedema, their Diagnosis and Treatment.

Leeds Post-Graduate Clinical Demonstrations.—At Leeds General Infirmary: *Tues.*, 3.30 p.m., Mr. L. N. Pyrah, Surgical Cases.

Leeds Public Dispensary and Hospital.—*Wed.*, 4 p.m., Dr. H. H. Moll, Pleurisy, with Special Reference to Treatment.

Manchester: Ancoats Hospital.—*Thurs.*, 4.15 p.m., Dr. W. J. S. Reid, Self-inflicted Illness.

Manchester Hospital for Consumption and Diseases of the Ear, Nose, Throat, and Chest, Hardman Street, Manchester.—*Wed.*, 4.30 p.m., Dr. Vernon Smith, Laryngitis.

Manchester Royal Infirmary.—*Tues.*, 4.15 p.m., Mr. A. Graham Bryce, Pulmonary Neoplasms. *Fri.*, 4.15 p.m., Dr. T. H. Oliver, Demonstration of Medical Cases.

Sheffield University.—Post-Graduate Clinics. *Sun.*, 10.30 a.m.: at Royal Infirmary and Royal Hospital, Medicine; at Royal Hospital, Surgery; at Jessop Hospital, Obstetrics and Gynaecology. *Friday*, 3 p.m.: at Royal Infirmary and Royal Hospital, Medicine; at Jessop Hospital, Obstetrics and Gynaecology.

Correspondence

PUBLICATION OF PANEL CONFERENCE PROCEEDINGS

Sir,—It cannot have escaped notice that in recent years when news is scarce the newspapers of the more sensational type have a habit of finding items of interest among the letters and other matter contained in the *Journal*—to the embarrassment, I dare say, of the contributors. This may not do much harm unless it touches matters of purely domestic interest. I cannot help thinking that the recent correspondence under the heading of "Mechanized Medicine" might have made useful material were it not for the fact that there has been no lack of exciting news lately.

Not so long ago two unpleasant articles in a cheap weekly paper purported to show up the failings of panel doctors and dentists, and to provide such publications with ready-made ammunition for their favourite Aunt Sally—the medical profession in general and panel doctors in particular—seems unnecessarily generous. It would be ideal to include such controversial domestic matters in the *Supplement*, and to see that the *Supplement* did not accompany copies of the *Journal* destined for places where journalists could get at them, but I fear that such a course is economically and practically impossible. It does seem to be a great pity, however, that the proceedings of the Panel Conference cannot be circulated privately. It may well fall to the lot of a representative to say some very personal things about the service in his area or the relations with representatives of the societies, and it could be very unpleasant to find one's remarks hashed up as an item of news if the subject-matter happened to take the fancy of some newspaper. Apart from any discomfort

which might attend such a doctor locally in his practice, it surely cannot help the profession in the event of a real dispute with, say, the approved societies, if the preliminary arguments and differences of opinion expressed at the Conference are broadcast for all to read.—I am, etc.,

Hastings, Nov. 1st. G. NESBITT WOOD.

VACANCIES

All advertisements should be addressed to the Financial Secretary and Business Manager and NOT to the Editor.

ALTRINCHAM GENERAL HOSPITAL.—J.H.S. Salary £120 p.a.

ARMY DENTAL CORPS.—Twelve Commissions to Dental Surgeons.

BARNWOOD HOUSE HOSPITAL FOR MENTAL AND NERVOUS DISORDERS, near Gloucester.—Second A.M.O. (male, unmarried). Salary £350 p.a.

BATH: ROYAL UNITED HOSPITAL.—R.O. (male). Salary £150 p.a.

BIRMINGHAM CITY.—(1) R.A.M.O. (male, unmarried) for the Tuberculosis Section. Salary £400-£25-£450 p.a. (2) Whole-time J.M.O.s. (males) for Selly Oak Hospital. Salaries £200 p.a. each.

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.—H.S. Salary £100 p.a.

BOLINGBROKE HOSPITAL, Wandsworth Common, S.W.—(1) H.S. (male, unmarried). Salary £120 p.a. (2) Hon. P. Dermatologist.

BOURNEMOUTH: ROYAL VICTORIA AND WEST HANTS HOSPITAL.—Hon. S.

BRISTOL ROYAL INFIRMARY.—(1) Senior Assistant (female) and (2) Assistant to the Cancer Research Department. Salaries £400 p.a. and £300 p.a. respectively.

BRITISH POST-GRADUATE MEDICAL SCHOOL, Ducane Road, W.—First Assistant to the Obstetrics and Gynaecology Department. Salary £300-£500 p.a.

BURY INFIRMARY.—H.S Salary £150 p.a.

BURY ST. EDMUNDS: WEST SUFFOLK GENERAL HOSPITAL.—(1) H.P. Salary £150 p.a. (2) H.S. Salary £180 p.a.

COVENTRY AND WARWICKSHIRE HOSPITAL.—(1) R.H.S. (2) R.H.S. for Aural and Ophthalmic Departments. Salaries £125 p.a. each.

DARWEN BOROUGH.—M.O.H., School M.O., and Medical Superintendent of the Infectious Diseases Hospital. Salary £800 p.a.

EASTBOURNE: ROYAL EYE HOSPITAL.—Non-resident H.S. Salary £100 p.a.

EASTCOTE: ST. VINCENT'S ORTHOPAEDIC HOSPITAL.—Registrar. Salary £150.

EDINBURGH: ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Hon. Assistant S.

ESSEX COUNTY COUNCIL.—Ophthalmic S. Salary £750-£50-£937 10s. p.a.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—H.S. (male). Salary £120 p.a.

GLOUCESTER: GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—H.P. (male). Salary £150 p.a.

GLOUCESTERSHIRE COUNTY COUNCIL.—Assistant County M.O. and M.O.H. for Charlton Kings Urban District and Cheltenham and North Cotswold Rural Districts. Salary £800-£25-£900 p.a.

GORDON HOSPITAL FOR RECTAL DISEASES, Vauxhall Bridge Road, S.W.—R.H.S. Salary £150 p.a.

HASTINGS: ROYAL EAST SUSSEX HOSPITAL.—Senior H.S. (female). Salary £200 p.a.

HAYWARDS HEATH HOSPITAL.—Assistant Hon. S.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton Road, S.W.—A.R.M.O. Salary £150 p.a.

HOSPITAL FOR EPILEPSY AND PARALYSIS, Maida Vale, W.—(1) Two Medical Registrars. Honorariums £100 p.a. each. (2) Hon. Ophthalmic S.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) Part-time Surgical Registrar (male). (2) Resident Anaesthetic Registrar (unmarried). (3) R.H.P. (unmarried). (4) R.H.S. (male, unmarried). Salaries £200 p.a., £150 p.a., £100 p.a., and £100 p.a. respectively.

HUDDERSFIELD ROYAL INFIRMARY.—H.S. (male). Salary £150 p.a.

HUNTINGDON COUNTY HOSPITAL.—H.S. (male). Salary £125.

INFANTS HOSPITAL, Vincent Square, S.W.—(1) H.P. Salary £100 p.a. (2) Hon. Clinical Assistants to the Out-patient Department.

IPSWICH MENTAL HOSPITAL.—J.A.M.O. (male, unmarried). Salary £350 p.a.

ISLE OF WIGHT COUNTY MENTAL HOSPITAL.—Temporary M.O. (unmarried). Salary £200 p.a.

KIRKCALDY CORPORATION.—Medical Officer of Health. Salary £800-£25-£850 p.a.

LANCASTER: ROYAL LANCASTER INFIRMARY.—J.H.S. (male, unmarried). Salary £130 p.a.

LIVERPOOL EYE, EAR, AND THROAT INFIRMARY.—Ophthalmic H.S. Salary £120 p.a.

LIVERPOOL: ROYAL LIVERPOOL CHILDREN'S HOSPITAL.—Medical Registrar and Tutor. Salary £75 for six months.

LONDON HOSPITAL, E.—(1) Medical First Assistant and Registrar. (2) Surgical First Assistant and Registrar. Salaries £300 p.a. each. H.S. Males, unmarried. Salaries £100 p.a. each.

LONDON JEWISH HOSPITAL, Stepney Green, E.—(1) R.M.O. and H.P. Salary £150 p.a. (2) H.S. (3) C.O. Salaries £100 p.a. each. Males. (4) Out-patient Assistant. Honorarium £125 p.a.

LONDON LOCK HOSPITAL, Harrow Road, W.—R.M.O. to the Male Departments. Salary £175 p.a.

MAIDSTONE: KENT EDUCATION COMMITTEE.—Whole-time Ophthalmic M.O. Salary £700 p.a.

MANCHESTER ROYAL EYE HOSPITAL.—J.H.S. Salary £120 p.a.

MARGATE: ROYAL SEA-BATHING HOSPITAL.—H.S. (male). Salary £[illegible] p.a.

MIDDLESBROUGH: NORTH ORMESBY HOSPITAL.—(1) Hon. Assistant S. (2) Hon. Assistant Radiologist.

MIDDLESEX COUNTY COUNCIL.—R.A.M.O. (male, unmarried) at the County (Tuberculosis) Sanatorium, South Mimms. Salary £4[illegible] £25-£475 p.a.

MIDDLESEX HOSPITAL, W.—(1) First Senior M.O. (2) Second Senior M.O. Salaries £650 p.a. and £625 p.a. respectively. (3) Two J.M.O.s. Males. (4) Two Surgical Registrarships. (5) Obstetric and Gynaecological Registrarship. Salaries £300 p.a. each. (6) [illegible] (7) Assistant P.

MIDDLESEX HOSPITAL MEDICAL SCHOOL, W.—Whole-time Assistant Physicist in the Radiotherapy Department. Salary £300 p.a.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.—(1) Part-time non-resident C.O. (male). Salary £150 p.a. (2) Two H.P. (3) H.S. Males, unmarried. Salaries £100 p.a. each.

NEWCASTLE THROAT, NOSE, AND EAR HOSPITAL.—H.S. Salary £1[illegible] p.a.

NORTHWOOD: MOUNT VERNON HOSPITAL.—H.S. Salary £150 p.a.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—(1) Hon. S. to the Ear, Nose, and Throat Department. (2) Hon. P. to Out-patients.

PLYMOUTH: PRINCE OF WALES'S HOSPITAL.—(1) R.S.O. (male). (2) H.S. Salaries £225 p.a. and £120 p.a. respectively.

PRINCE OF WALES'S GENERAL HOSPITAL, N.—Hon. Clinical Assistant.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, St. Quintin Avenue, W.—Hon. Assistant P.

QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N.W.—(1) Resident Anaesthetist. (2) Resident Anaesthetist and District R.M.O. (3) A.R.M.O. Salaries £100 p.a., £90 p.a., and £80 p.a. respectively.

QUEEN MARY'S HOSPITAL FOR THE EAST END, E.—(1) Hon. Assistant P. in Charge of Children's Department. (2) Obstetric H.S. (male, unmarried). Salary £150 p.a.

REDHILL: ROYAL EARLSWOOD INSTITUTION.—J.A.M.O. (male, unmarried). Salary £250 p.a.

RICHMOND: ROYAL HOSPITAL.—J.H.S. (male, unmarried). Salary £100 p.a.

ROYAL CANCER HOSPITAL (FREE), Fulham Road, S.W.—H.S. Salary £100 p.a.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—Whole-time Chief Assistant in the X-Ray Diagnostic Department. Salary £500 p.a.

ST. JOHN'S HOSPITAL, Lewisham, S.E.—R.S.O. (male). Salary £[illegible] p.a.

ST. MARY'S HOSPITAL FOR WOMEN AND CHILDREN, Plaistow, E.—(1) Hon. Ophthalmic S. (2) R.H.S. Salary £155 p.a.

ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, W.C.—Physician.

SALISBURY: GENERAL INFIRMARY.—H.P. (male, unmarried). Salary £125 p.a.

SALVATION ARMY: MOTHERS' HOSPITAL, Clapton, E.—(1) Senior R.M.O. (2) J.R.M.O. Females. Salaries £150 p.a. and £80 p.a. respectively.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—(1) R.M.O. for the First Auxiliary, Norton. (2) Two H.S. (males, unmarried). Salaries £150 p.a. and £100 p.a. each respectively.

SHEFFIELD UNIVERSITY.—Junior Assistant Bacteriologist and Demonstrator. Salary £300-£350 p.a.

SLEAFORD: LINCOLNSHIRE (KESTEVEN) COUNTY COUNCIL.—Assistant County M.O.H. (male). Salary £500-£25-£700 p.a.

STIRLING COUNTY COUNCIL.—Medical Officer of Health (male). Salary £1,200-£25-£1,500 p.a.

STOKE-ON-TRENT: NORTH STAFFORDSHIRE ROYAL INFIRMARY.—H.S. Salary £150 p.a.

SURREY COUNTY COUNCIL.—Deputy County M.O.H. Salary £1,2[illegible] £50-£1,400 p.a.

SUTTON AND CHEAM HOSPITAL.—Hon. S.

TUNBRIDGE WELLS: KENT AND SUSSEX HOSPITAL.—(1) H.P. (2) Senior H.S. (3) H.S. for Ear, Nose, and Throat, and Ophthalmic Departments. (4) H.S. and C.O. Salaries £150 p.a. each.

WESTERN OPHTHALMIC HOSPITAL, Marylebone Road, N.W.—(1) Senior R.H.S. (2) J.H.S. (non-resident). Salary £150 p.a. and £100 p.a. respectively.

WILLESDEN GENERAL HOSPITAL, Harlesden Road, N.W.—Hon. Clinical Assistants to the Out-patient Department.

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY.—H.S. Salary £150 p.a.

CERTIFYING FACTORY SURGEONS.—The following vacant appointments are announced: Lavenham (Suffolk), Hungerford (Berkshire). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1, by November 17th.

This list is compiled from our advertisement columns, where full particulars are given. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning. Further unclassified vacancies will be found in the advertising pages.

APPOINTMENTS

SMALLWOOD, A. Leith, M.B., Ch.B., Senior Resident Medical Officer, Victoria Hospital for Children, Tite Street, Victoria, S.W.

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